



CITY OF CHICOPEE

DEPARTMENT OF PUBLIC WORKS



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APPLICATION FOR LOCAL STORMWATER DISCHARGE PERMIT CHICOPEE DEPARTMENT OF PUBLIC WORKS

NOTE: Please refer to chapter 231 of the city code for requirements prior to completing this application

Section A- GENERAL INFORMATION

1. a. Company Name: _____
b. Mailing Address: _____
c. Telephone Number: (____) - ____ - ____ ext. _____
2. a. Facility Name (if different): _____
b. Facility Address (if different): _____
c. Telephone Number: (____) - ____ - ____ ext. _____
3. a. Is the Company identified in 1.a., the owner of the property on which the facility is located? Yes ☐ No ☐
4. Designate the signatory authority of the facility:
a. Name: _____
b. Title: _____
c. Business Phone #: (____) - ____ - ____ ext. _____
(Attach similar information regarding additional authorized representative(s), as needed.)
5. Designate the facility contact:
a. Name: _____
b. Title: _____
c. Business Phone #: (____) - ____ - ____ ext. _____
(Attach similar information regarding additional authorized representative(s), as needed.)

6. Which one of the following best describes the facility?

- ☐ Multi-family residential development involving three or more units
- ☐ Any new source commercial, industrial, residential and institutional structures under the same ownership, with at least 4,000 gross square feet of impervious surface
- ☐ Redevelopment or additions to existing commercial , industrial, residential and institutional uses which result in a total impervious surface area of greater than 4,000 gross square feet
- ☐ Any activity that disturbs one acre or more of land
- ☐ Other: _____

Section B- STORM DRAIN INFORMATION

1. a. Is the business or activity on this property existing or new?

Existing ☒

i. Is the drainage system connected to a City storm drain?

☐ Separate Storm Drain

☐ Combined Sewer

☐ No

ii. Does the property discharge into a receiving water(s)?

Yes ☐ No ☐

If Yes please the name(s) of the receiving water

iii. Will the facility be located in an existing vacant building (such as in an industrial park)?

Yes ☐ No ☐

New ☐

2. If the property has any storm drains connected, or proposed to be connected, to the City storm drain or Combined Sewer, list the following information regarding size and descriptive location of each connection.

Storm Drain Pipe Size	Description Location of Drain Connection or Discharge Point	Existing or Proposed
_____	_____	_____
_____	_____	_____

3. Does the property have or plan to install any of the following storm water management measures? Please check all that apply.

On-site infiltration, flow attenuation, and pollutant removal of runoff on-site to existing areas with grass, trees, and similar vegetation and through the use of open vegetated swales and natural depressions.

☐ Yes ☐ No ☐ Planned for future implementation

Retention and evaporation of storm water on rooftops or in parking lots

☐ Yes ☐ No ☐ Planned for future implementation

Use of storm water on-site to replace water used in industrial processes or for irrigation

☐ Yes ☐ No ☐ Planned for future implementation

Storm water detention structures for the temporary storage of runoff, which is designed so as not to create a permanent pool of water

☐ Yes ☐ No ☐ Planned for future implementation

Storm water retention structures for the permanent storage of runoff by means of a permanent pool of water

☐ Yes ☐ No ☐ Planned for future implementation

4. Are there any changes or expansion planned in the next three years that would affect the volume or pollutant concentration of the storm water?

☐ Yes ☐ No

1. Give a brief description of all operations at the facility including primary products or services. Attach additional sheets if necessary.

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[illegible]

1. Is there or will there be any outdoor chemical storage containers, bins, or ponds at the facility?

If yes, attach a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to any storm drain.

2. Please describe any type of spill prevention measure that is in place to prevent the container, bin or pond from leaking into the storm system

(Blank lined area for drawing)

3. At this facility, an accidental spill from outdoor chemical storage containers, bins, or ponds, would lead to:
(check all that apply)

- ☐ an onsite disposal system
☐ water body, such as stream, pond or river
☐ storm drain
☐ ground
☐ other: _____
☐ not applicable; no possible discharge to any of the above.

4. Does the Company have an accidental spill prevention plan that addresses the potential for release to the municipal storm drain system?

☐ Yes. (Enclose a copy.)

☐ No.

☐ Not applicable

5. Please describe below any previous spill events and remedial measures taken to prevent their recurrence.

Section E.-STORM WATER MANAGEMENT PLAN

Checklist

The applicant is responsible for submitting a storm water management plan. This plan shall include, but is not limited to the following: **(More information can be found in Chicopee Storm Water Management Ordinance Section 231.4, Part C.)**

1. Locus Map ☐

2. Drainage area map Location of existing and proposed utilities ☐

3. Topographic Survey ☐

4. Soil investigation ☐

5. Description of all watercourses, impoundments and wetlands ☐

6. Delineation of 100 year flood plains (if applicable)

7. Peak groundwater levels ☐

8. Cross Sections of brooks, streams, drainage swales and the method of Stabilization ☐

9. Location of easements ☐

10. Proposed Improvements ☐

11. Structural detail of drainage systems and storm water management areas []
12. Timing schedules and sequence of development []
13. Maintenance schedule []
14. Notes on drawings for materials used, construction specifications and typicals []
15. Calculations for Hydrology, Hydraulics and Structures []
16. Construction Erosion Plan []

Section F- AUTHORIZED REPRESENTATIVE STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name _____
(Please type or print)

Title _____
(Please type or print)

Signature _____

Date _____
